

AMENDED IN SENATE MAY 19, 2011

AMENDED IN SENATE APRIL 28, 2011

**SENATE BILL**

**No. 136**

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**Introduced by Senator Yee**

January 31, 2011

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An act to amend Section 14132.725 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

SB 136, as amended, Yee. Medi-Cal: telemedicine.

Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which basic health care services are provided to qualified low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law provides, to the extent that federal financial participation is available, that face-to-face contact between a health care provider and a patient shall not be required under the Medi-Cal program for teleophthalmology and teledermatology by store and forward, as defined. Existing law requires the department to report to the Legislature, on or before January 1, 2008, the number and type of services provided, and the payments made related to the application of store and forward telemedicine as a Medi-Cal benefit. Existing law repeals these provisions on January 1, 2013.

This bill would ~~delete the~~ *revise this* reporting requirement, *as specified, would require the department to require providers to use the appropriate billing code*, and would extend the implementation of these provisions until January 1, 2018.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

SECTION 1. Section 14132.725 of the Welfare and Institutions Code is amended to read:

~~14132.725. (a) Commencing July 1, 2006, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient shall not be required under the Medi-Cal program for teleophthalmology and teledermatology by store and forward. Services appropriately provided through the store and forward process are subject to billing and reimbursement policies developed by the department.~~

~~(b)~~  
14132.725. (a) For purposes of this section, “teleophthalmology and teledermatology by store and forward” means an asynchronous transmission of medical information to be reviewed at a later time by a physician at a distant site who is trained in ophthalmology or dermatology or, for teleophthalmology, by an optometrist who is licensed pursuant to Chapter 7 (commencing with Section 3000) of Division 2 of the Business and Professions Code, where the physician or optometrist at the distant site reviews the medical information without the patient being present in real time. ~~A~~

~~(b) (1) Commencing July 1, 2006, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient shall not be required under the Medi-Cal program for teleophthalmology and teledermatology by store and forward. Services appropriately provided through the store and forward process are subject to billing and reimbursement policies developed by the department.~~

~~(2) Commencing with the next available general provider bulletin after January 1, 2012, the department shall require providers billing for store and forward teleophthalmology and teledermatology to use the appropriate billing code.~~

~~(3) A patient receiving teleophthalmology or teledermatology by store and forward shall be notified of the right to receive interactive communication with the distant specialist physician or optometrist, and shall receive an interactive communication with the distant specialist physician or optometrist, upon request. If requested, communication with the distant specialist physician or optometrist may occur either at the time of the consultation, or~~

1 within 30 days of the patient's notification of the results of the  
2 consultation. If the reviewing optometrist identifies a disease or  
3 condition requiring consultation or referral pursuant to Section  
4 3041 of the Business and Professions Code, that consultation or  
5 referral shall be with an ophthalmologist or other appropriate  
6 physician and surgeon, as required.

7 (c) Notwithstanding Chapter 3.5 (commencing with Section  
8 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
9 the department may implement, interpret, and make specific this  
10 section by means of all-county letters, provider bulletins, and  
11 similar instructions.

12 (d) The health care provider shall comply with the informed  
13 consent provisions of subdivisions (c) to (g), inclusive, of, and  
14 subdivisions (i) and (j) of, Section 2290.5 of the Business and  
15 Professions Code when a patient receives teleophthalmology or  
16 teledermatology by store and forward.

17 (e) *The department shall report to the appropriate policy and*  
18 *fiscal committees of the Legislature no later than January 1, 2015,*  
19 *and again no later than January 1, 2017, all of the following:*

20 (1) *The number and dollar amount of claims billed under the*  
21 *program established by this section for every year that it has been*  
22 *implemented.*

23 (2) *The number and dollar amount of all ophthalmology and*  
24 *dermatology claims for all years that the program established by*  
25 *this section has been implemented.*

26 (3) *The number and dollar amount of all ophthalmology and*  
27 *dermatology claims for the three years prior to the authorization*  
28 *of store and forward.*

29 ~~(e)~~

30 (f) This section shall remain in effect only until January 1, 2018,  
31 and as of that date is repealed, unless a later enacted statute, that  
32 is enacted before January 1, 2018, deletes or extends that date.